



## **SOUTH DAKOTA BOARD OF NURSING**

SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115  
(605) 362-2760 □ FAX: 362-2768 □ [www.state.sd.us/doh/nursing](http://www.state.sd.us/doh/nursing)

August 17, 2011

Wanda Sage, RN  
Staff Development Coordinator  
Good Samaritan Village  
3901 S. Marion Road  
Sioux Falls, SD 57106

Dear Ms. Sage:

Your application for re-approval of your Nurse Aide Training Program at Good Samaritan Village utilizing *Skills and Techniques for the New Nursing Assistant*, an approved curriculum has been received in the Board Office. It has been determined that your program meets the criteria for approval/re-approval in South Dakota.

Your approval status is valid until **July 2013**. An application for re-approval may be obtained on our website at [www.nursing.sd.gov](http://www.nursing.sd.gov).

If I can provide additional information or assistance related to the approval of your Nurse Aide Training Program, please contact me at the Board office.

Sincerely,

Gloria Damgaard, RN;MS  
Executive Director

cc: Diana Weiland



SOUTH DAKOTA BOARD OF NURSING **RECEIVED**  
 SOUTH DAKOTA DEPARTMENT OF HEALTH  
 4305 S LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115 JUL 01 2011  
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**SD BOARD OF NURSING**

**APPLICATION FOR NURSE AIDE TRAINING PROGRAM**

Please select: ☐ INITIAL APPROVAL ☒ REAPPROVAL  
 Please select: ☐ NURSING HOME BASED ☐ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

**INITIAL APPROVAL REQUIREMENTS**

- ☐ Program Coordinator Vitae/Professional work history
- ☐ Primary Instructor Vitae/Professional work history
- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours

**REAPPROVAL REQUIREMENTS**

- ☐ Changes in Faculty, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any

**COURSE SYLLABUS** If using a Course Syllabus that has current Board of Nursing approval, you need not submit the Course Syllabus; if using a Course Syllabus that does not have current Board of Nursing approval Nursing, submit:

- ☐ Course overview
- ☐ Skills training
- ☐ Environment for learning
- ☐ Course objectives
- ☐ Teaching methodologies
- ☐ Student:Instructor ratio
- ☐ Content outline
- ☐ Methods of evaluation
- ☐ Names of required textbooks

Note: Written notification should be submitted to the South Dakota Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Good Samaritan Village  
 ADDRESS: 3901 S. Marion Road  
 TEL: 605-361-3311 FAX: 605-361-2220 EMAIL: wsage@good-sam.com  
 NAME OF COURSE: "Skills & Techniques for the New Nursing Assistant Textbook"

FACULTY MEMBER NAME AND CREDENTIALS	STATE IN WHICH CURRENTLY LICENSED AS A NURSE	LICENSE #	EXPIRATION DATE	HAS TWO YEARS CLINICAL EXPERIENCE, ONE YEAR IN LTC
PROGRAM COORDINATOR: <u>Wanda Sage</u>	<u>SD</u>	<u>RO25636</u>	<u>6/11/13</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY INSTRUCTOR: <u>Wanda Sage</u> If NEW Primary Instructor, attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years	<u>SD</u>	<u>"</u>	<u>"</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

I affirm that the curriculum in use reflects the standards pursuant to ARSD 44:04:18 (10-15).

SIGNATURE OF APPLICANT/TITLE: Wanda Sage R DATE: 6/30/11

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE  
 DATE APPLICATION RECEIVED: 7/1/11 DATE APPROVED: 8/17/11  
 DATE APPLICATION RETURNED: 8/17/11 DATE DENIED: \_\_\_\_\_  
 REASON FOR DENIAL: \_\_\_\_\_  
 EXPIRATION DATE OF APPROVAL: July 2013  
 BOARD REPRESENTATIVE: Shirley Berglund